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4743 7590 01/28/2008

MARSHALL, GERSTEIN & BORUN LLP
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Anthony G. Sitko (Depositor's name)
 (Signature)
 4/17/08 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/634,704 | 08/05/2003 | Michael S. John | 29888/38379A | 7578 |

TITLE OF INVENTION: SYSTEM AND METHOD FOR OBJECTIVE EVALUATION OF HEARING USING AUDITORY STEADY-STATE RESPONSES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------------|--------------|----------------|---------------------|----------------------------------------|------------------------------------|------------|
| nonprovisional | YES | \$1440 | \$300 | 04/21/2008 HAL144-20080009 10634704 | \$1740 | 04/28/2008 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | | |
| PELHAM, JOSEPH MOORE | 3742 | 600-559000 | | | | |
| | | | | 01 FC:1501 02 FC:1504 03 FC:8001 | 1440.00 OP 300.00 OP 9.00 OP | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Marshall,
 Gerstein &
 Borun LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Baycrest Center for Geriatric Care

Toronto, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name

Anthony G. Sitko

Registration No.

36,278

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